SOCIAL PLANNING and RESEARCH COUNCIL of Hamilton and District

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REPORT TO THE DATA BASE STEERING COMMITTEE REGARDING A STUDY OF THE DEVELOPMENTALLY HANDICAPPED IN THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH AND COUNTY OF BRANT

BRANT STUDY

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1. EXECUTIVE SUMMARY

1.1 Background

In the Fall of 1984, senior staff representatives from agencies involved in providing services to the developmentally handicapped began meeting to consider the establishment of a data base for this population in the Regional Municipality of Hamilton-Wentworth and County of Brant.

As a result, the Data Base Steering Committee was formed and the development of a survey instrument was initiated to form the basis of the data collection. The purpose of the information base was to provide decision-makers with a tool to be used for case management, agency planning and community program planning.

This report represents the initial outcome of the study designed to provide a comprehensive record of the needs of 1,365 children and adults with developmental handicaps. The report presents the results of the data collected in the County of Brant only. A similar report has been prepared from the data obtained through agencies in the Regional Municipality of Hamilton-Wentworth.

Due to the wealth of information collected during the study, only selected general aspects of the entire data base have been analyzed in this report.

The working definition of 'developmentally handicapped' used during the study attempted to recognize that surveyed clients would normally have significant deficits in both intellectual functioning and social adaptation.

While agency staff were permitted to use discretion in interpreting this definition, ten categories of developmental handicaps were used during the study: borderline, mild, moderate, severe, profound, retardation level unspecified, at risk, developmental delay, learning disability and autism.

1.2 Methodology

The 19-page survey instrument, approved by the Data Base Steering Committee and implemented in the community, was a very comprehensive instrument addressing levels of functioning in all areas as well as types of services being received and needed. Agencies were asked to complete survey forms not only for those people currently receiving their services, but also for those on their waiting lists.

The study was based, first, on a 'case consultation/conferencing' methodology which called for consultation about each client among staff within an agency and between staff of different agencies servicing the same person when completing survey forms. The second feature of the study was a 'hierarchy of survey form completion' which assigned hierarchical responsibility for completing client surveys. The hierarchy established the following priorities for form completion:

1. residential programs;
2. day programs; and
3. support service programs.

Agencies with clients in residential programs were assigned first responsibility for completing survey forms. If a client was not in a residential program, responsibility for form completion fell to day program providers. Finally, if a client was not in any residential or day program, form completion became the responsibility of support program providers.

The methodology for data collection called for training sessions to be held for agency staff who were to complete the survey instruments. Instruction in form completion was provided and the Project Co-ordinator arranged for the distribution of surveys to each participating agency and monitored the returns.

Once forms were completed by agency staff, they were returned to an identified person within the agency who served as an Internal Reviewer. This person was responsible for: a) briefly reviewing the completed forms to ensure that all questions were answered and that no obvious errors existed; and, b) ensuring that all distributed forms were collected and returned to the Project Co-ordinator.

The returned questionnaires were then scrutinized by an External Reviewer for logic. Specifically, this person was responsible for ensuring that the description of the client on each form was consistent with the recommendations or changes suggested. Follow-up with agency staff was made when required to correct inconsistencies.

Forms which passed the internal and external review process were forwarded to a Computer Coder. The surveys were then coded and loaded into a computer. Once all forms were inputted, the data was 'cleaned' (of any errors) and any identified survey duplicates were separated into a holding file. Data analysis and report writing followed the 'cleaning' process.

1.3 Survey Response and Analysis

The entire survey process involved the participation of 32 agencies (ie. agencies who actually completed forms). The Study Team received a total of 1,365 forms on different clients (excluding duplicates).

Of the 32 agencies who completed forms, 9 (28.1%) were from the County of Brant. Of the 1,365 client surveys completed, 410 (30.0%) were from the County of Brant.

Since the study produced a tremendous amount of data, the Data Base Steering Committee decided upon the analysis of six key variables in the development of this report. The key variables

focused on data which was considered useful for community program planning purposes in order to initiate further discussion.

The six variables analyzed in this report formed, what was termed, the 'Hierarchy of Data Analysis' (not to be confused with the 'hierarchy of form completion' mentioned earlier). The variables were:

- location
- age
- type of service
- functional level
- appropriateness of service
- recommended program

Data analysis in this report is based on the six-level hierarchy and it is formated to provide relevant tables (one table per page) followed by a point-form highlighting of the major patterns/trends indicated by the data.

1.4 Summary of Data Analysis

The following summarizes the major trends/patterns presented in this report from the Data Analysis section. The highlighted information describes significant results and is not intended to document all findings.

Location Variable:

- 85.9% (352) of all clients live in the City of Brantford (the remainder live outside the City but within the County).

Age Variable:

Age
- 39.0% (160) of all clients are 22-35 years of age.
- 30.7% (126) of all clients are under 18 years of age.
- 9.3% (38) of all clients are over 45 years of age.

Sex
- 60.0% (246) of all clients are male.

Type of Service Variable:

Residential

- 48.5% (199) of all clients do not live in any type of residential facility (ie. live with their own family or live independently).
- 51.5% (211) of all clients live in some type of residential facility and, of these clients, 52.6% (111) live in a mental retardation facility.
- 42.2% (89) of clients in a residential program are 22-35 years of age and 25.5% (54) are under 18 years of age.

Day

- 78.8% (323) of all clients are involved in one day program (and an additional 1.2% are involved in two day programs).
- 20.0% (82) of all clients are not involved in any day programs.
- 39.9% (131) of clients in day programs are participating in Ministry or Board of Education programs and 31.7% (104) are involved in sheltered workshops/occupational activity.
- 32.0% (105) of clients in day programs are 22-35 years of age while 35.4% (116) are under 18 years of age.

Support

- 9.0% (37) of all clients are not involved in any support programs.
- 15.4% (63) of all clients are involved in only one support program.
- 72.2% (296) of all clients are involved in more than one support program.
- of the 87.6% (359) of all clients who reported support program involvement, on average, each uses 0.9 medical services, 0.5 home supports and 0.5 recreation/leisure services.
- 41.5% (149) of all clients in support programs are 22-35 years of age while 28.3% (102) are under 18 years of age.

Functional Level Variable:

Disability, Primary

- 33.9% (139) of all clients are considered to be profoundly/severely retarded and, of these clients:
  - 73.4% live in a mental retardation facility;

- 44.6% are involved in a Ministry/ Board of Education day program; and,
- each client utilizes 1.6 medical services, and 0.8 home support services, on average.

° 30.5% (125) of all clients are considered to be moderately retarded and, of these clients:

- 68.0% live with their own family;
- 42.4% are involved in a Ministry/ Board of Education day program and 32.8% participate in a sheltered workshop; and,
- each client utilizes 0.4 recreation/ leisure services, on average.

° 27.1% (111) of all clients are considered to be mildly/borderline retarded and, of these clients:

- 60.4% live with their own family or live independently;
- 45.9% are involved in a sheltered workshop; and,
- each client utilizes 0.6 recreation/ leisure support programs.

Disability, Secondary

° only 7.1% (25) of all clients have an identified secondary developmental disability.

Mobility

° 58.8% (241) of all clients do not have a mobility handicap.

° 41.0% (168) of all clients do have a mobility handicap and, of these clients:

- 61.3% live in a mental retardation facility;
- 41.1% are involved in a Ministry/ Board of Education day program; and,
- each client utilizes 1.5 medical services, on average.

Sensory

° 65.4% (268) of all clients do not have a sensory handicap.

° 32.4% (133) of all clients do have a sensory handicap and, of these clients:

- 48.1% live in a mental retardation facility and 39.1% live with their own family or live independently;
- 37.6% are involved in a Ministry/ Board of Education day program; and,
- each client utilizes 1.2 medical services, on average.

Communicative

* 42.7% (175) of all clients do not have a communicative handicap.
* 57.1% (234) of all clients do have a communicative handicap and, of these clients:
  - 46.6% live in a mental retardation facility and 36.3% live with their own family;
  - 40.6% are involved in a Ministry/ Board of Education program; and,
  - each client utilizes 1.3 medical services, on average.

Social Behavioural

* 42.7% (175) of all clients are considered to display acceptable (social) behaviour in the community.
* 57.1% (234) of all clients are considered to display some form of social behavioural problem and, of these clients:
  - 47.6% live in a mental retardation facility;
  - 42.7% are involved in a Ministry/ Board of Education day program; and,
  - each client utilizes 1.2 medical services, on average.

Appropriateness Variable:

Residential

* 51.5% (211) of all clients live in some type of residential facility and, of these clients:
  - 64.5% are considered to be 'most appropriately' placed; and,
  - 14.7% are considered to be 'most inappropriately/inappropriately' placed.

- 48.5% (199) of all clients live with their own family or live independently and of these clients:
  - 49.2% are considered to be 'most appropriately' sited; and,
  - 4.0% are considered to be 'most inappropriately/inappropriately' sited.

Day

- 80.0% (328) of all clients are currently involved in a day program and, of these clients:
  - 61.6% are considered to be 'most appropriately' involved in such programming; and,
  - 6.7% are considered to be 'most inappropriately/inappropriately' involved in such programming.
- 20.0% (82) of all clients are not currently involved in any day program and, of these clients:
  - 20.7% have been classified as 'most appropriate' indicating that it is, in fact, appropriate that they not be involved in any day programming; and,
  - 69.5% have been classified as 'most inappropriate/inappropriate' indicating that it is, in fact, appropriate that they should participate in some kind of day program.

Support

- there are 404 reported instances of clients currently awaiting service by the various support programs in the community.

Recommended Program Variable:

Residential

- 56 clients more than are currently in group homes should be living in group homes.
- 30 clients more than are currently in serviced apartments/home co-ops should be living in such residences.
- 60 clients less than are currently living with their families should be living with their families.

- 20 clients less than are currently in a mental retardation facility should be living in such a facility.
- 43.6% (17) of the 'most inappropriately/ inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 76.9% (30) of the 'most inappropriately/ inappropriately' placed clients are recommended for a residential program emphasizing basic physical, emotional, social and life skills development.

Day

- 36 clients more than are currently regularly employed should be employed.
- 32 clients more than are currently involved in recreation/leisure activities should be involved in such activities.
- 20 clients less than are currently involved in a sheltered workshop/occupational activity should be involved in such a workshop/activity.
- 50.6% (40) of the 'most inappropriately/ inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.

Support

- there are 404 reported instances of clients awaiting and recommended for service by the various support programs in the community.

2. INTRODUCTION

This report represents the initial outcome of a study undertaken to provide a comprehensive record of the needs of children and adults with developmental handicaps. The research was carried out by means of a survey distributed to agencies that provide service to the developmentally handicapped population in the Regional Municipality of Hamilton-Wentworth and County of Brant. The research results are intended to establish an information base to be used for case management, agency planning and community planning.

This report presents the results of the data collected in the County of Brant only. A similar report has been prepared from the data obtained through agencies in the Regional Municipality of Hamilton-Wentworth.

Due to the wealth of information collected during the study, only selected general aspects of the entire data base have been analyzed in this report.

3. BACKGROUND

In the Fall of 1984, senior staff representatives from agencies involved in providing services to the developmentally handicapped began meeting to consider the development of a data base for this population.

As a result, the Data Base Steering Committee was formed and the development of a survey instrument to establish an information base was initiated for individual agency and community planning purposes. Funding for the data base study was secured from the Ontario Ministry of Community and Social Services and, in February 1985, the Social Planning and Research Council of Hamilton and District was contracted to conduct the data collection and analysis under the direction of the Data Base Steering Committee.

4. DEFINITION

The working definition of 'developmentally handicapped' used by the Data Base Steering Committee during the study attempted to recognize that surveyed clients would normally have significant deficits in both intellectual functioning and social adaptation.

Ten categories of developmental handicaps were used in the survey, including:

- Borderline
- Mild
- Moderate
- Severe
- Profound
- Retardation Level Unspecified
- At Risk
- Developmental Delay
- Learning Disability
- Autism

For definitions of each category, refer to Table 1 on the following two pages.

The Data Base Steering Committee felt that any person who could benefit from any services for the mentally retarded should be in the study. Agency staff people completing survey instruments were permitted to use their discretion in determining which of their clients met the definition.

TABLE 1

DEFINITION OF LEVEL OF RETARDATION

	DEGREES OF MENTAL RETARDATION	PRE-SCHOOL AGE 0-5 MATURATION & DEVELOPMENT	SCHOOL AGE 6-20 TRAINING & EDUCATION	ADULT 21 AND OVER SOCIAL & VOCATIONAL ADEQUACY
1.	*Borderline		I.Q. Range 70+	
2.	Mild	Can develop social and communication skills; minimal retardation in sensorimotor areas often not distinguised from normal until later age.	Can learn academic skills up to approximately 6th grade level by late teens. Can be guided toward social conformity "Educable".	Can usually achieve social & vocation skills adequate to minimum self-support but may need guidance and assistance when under unusual social or economic stress.
3.	Moderate	Can talk or learn to communicate; poor social awareness; fair motor development; profits from training in self-help; can be managed with moderate supervision.	Can profit from training in social and occupational skills; unlikely to progress beyond 2nd level in academic subject; may learn to travel alone in familiar places.	May achieve self-maintenance in unskilled or semi-skilled work under sheltered conditions; needs supervision and guidance when under mild social or economic stress.
4.	Severe	Poor motor development; speech is minimal; generally unable to profit from training in self-help; little or no communication skills.	Can talk or learn to communicate; can be trained in elemental health habits; profits from systematic habit training.	May contribute partially to self-maintenance under complete supervision, can develop self-protection skills to a minimal useful level in controlled environment.
5.	Profound	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Some motor development; may respond to minimum or limited training in self-help	Some motor and speech development; may achieve very limited self-care; needs nursing care.

* No definition or reference available

(Rationale for Degrees of Retardation by W. Sloan and J.W. Birch, American Journal of Mental Deficiency, 1955 Vol. 60, pg. 262.)

6. RETARDATION LEVEL UNSPECIFIED

7. AT RISK: - Preschool children whose primary problem has been identified as being at risk of developmental delays because of conditions of environmental deprivation.

8. DEVELOPMENTAL DELAY: - Childhood delays in any aspect of the normal development process including: physical development, sensory, motor communication and socio-emotional functioning.

9. LEARNING DISABILITY: - Learning disabilities means a disorder in one or more of the processes involved in understanding or using symbols or spoken language that results in a significant discrepancy between academic achievement and assessed intellectual ability with a deficit in at least one of the following areas: receptive language, language processing, expressive language, quantative reasoning, spatial orientation or spatial perception.

10. AUTISM: - Also called infantile autism. A pervasive lack of responsiveness to other people; gross deficits in language, and communication; atypical and incongrument responses to the environment; and an absence of delusions and hallucinations.

5. METHODOLOGY

5.1 Survey Form Completion

The survey form, approved by the Data Base Steering Committee and implemented in the community, was a very comprehensive instrument addressing levels of functioning in all areas as well as types of services being received and needed.

As Appendix 1 indicates, each survey consisted of the following:

FORM I
- a summary profile of the client's capabilities and service needs

FORM II
- an 18-page questionnaire that requested details about the client according to the following headings:
  - location of principals
  - health status
  - physical/sensory status
  - adaptive functioning
  - adaptive skills
  - family involvement
  - current and recommended services.

Agencies were asked to complete survey forms not only for those people currently receiving their services, but also for those on their waiting lists.

Two important features of the survey procedure are worth highlighting at this point:

- case consultation
- hierarchy of survey completion

The study was based on a 'case consultation/conferencing' methodology which called for consultation about each client among staff within an agency and between staff of different agencies serving the same person when completing survey forms. This pooling of resources was intended to give a complete and balanced profile of each individual's functioning level as well as a central focus for individual case management and program planning.

A second feature was the 'hierarchy of survey form completion' which assigned hierarchical responsibility for completing client surveys. The hierarchy established the following priorities for form completion:

1. residential programs
2. day programs
3. support service programs

If a client was in a residential program (ie. more than 100 days per year), the agency providing that service would complete the survey on that particular client. If a client was not in a residential program, responsibility fell to the agency that was providing him/her with day programming. If the client was neither in a residential nor a day program, the agency providing him/her with support service would complete the survey. If support services were being provided by more than one agency, it was the responsibility of the service providers to communicate and decide who had the most client information to complete the survey.

Employing such a hierarchical structure helped to prevent duplication of survey completion on any given client and ensure that as accurate and complete a profile as possible was developed.

5.2 Study Process

The basic study process is presented in Figure 1 along with the relevant timeframes.

Following the formulation of the Data Base Steering Committee and development of the survey instrument, a letter was sent to the directors of 83 community service agencies in Hamilton-Wentworth and Brant informing them about the data base survey and asking for their co-operation and participation.*

In view of the size and significance of the study, training sessions were held in March and April, 1985 to familiarize agency representatives with the survey instrument and to instruct them in its completion.

A Project Co-ordinator at the Social Planning and Research Council of Hamilton and District arranged for the distribution of surveys, answered questions and concerns of agency staff completing forms and monitored the survey returns.

Two important 'quality checks' were built in to the system of form completion to ensure data accuracy and reliability. First, each participating agency was requested to identify a key person who would serve as an Internal Reviewer of forms. This person was responsible for ensuring that all forms being completed within the agency were collected and returned. More importantly, this person was also responsible for briefly revewing the completed forms to ensure that all questions were answered and that no obvious errors existed. Second, the completed forms were scrutinized by an External Reviewer (contracted by the Social Planning and Research Council) for logic. Specifically, this person reviewed all

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* Letters were sent to 52 agencies in Hamilton-Wentworth and 31 agencies in Brant.

FIGURE 1

DATA BASE STUDY PROCESS

° Formulation of Data Base Steering Committee	November 1984
° Development of Survey Instrument	November 1984-January 1985
° Agency Training Sessions	March-April 1985
° Distribution of Survey Forms	March 1985
° Completion of Survey Forms	March 1985-June 1986
° Internal Review of Forms	March 1985-June 1986
° External Review of Forms	May 1985-June 1986
° Data Coding	February-August 1986
° Computer Input	February-September 1986
° Data Cleaning	October-November 1986
° Data Analysis	December 1986
° Report Writing	January-February 1987
° A.A.T.D. Sponsorship	January 1987-

forms to determine whether or not the description of the client, as presented by the survey, was logical or consistent with the recommendations or changes suggested. In instances where the description and the recommendations appeared to be in conflict with one another, the External Reviewer provided follow-up with the appropriate agency by phone or meeting to correct any contradictions.

Once a form passed the internal and external review process, it was forwarded to a Computer Coder. Completed survey forms began flowing in to the Social Planning and Research Council in April 1985 and were accepted through June 1986.*

By September 1986, all returned forms had been loaded into the computer at McMaster University, a total of 1,434 surveys. During the ensuing 'cleaning' of the data set (ie. checking for coding errors, inputting errors, etc.), as expected, a number of survey duplicates (and even triplicates) were found indicating that more than one agency had completed a survey on the same client; up-to-date information was retained in the main body of the data file with the redundant surveys being held in a separate file so as to be excluded from the data analysis for this report. The result was that 1,365 clients were actually used for analysis.

Following the completion of the report-writing phase of the study, it is anticipated that certain pieces of client information in the data base will be updated on an annual basis. An update form has been devised to record changes in any of the residential, day or support service programs a client is either in need of or receiving. New clients can be added to the data base at any time.

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* Progress in the rate of survey returns was much slower than anticipated due to a number of unforeseeable factors and a desire by the Data Base Steering Committee to secure the participation of as many community agencies as possible in the study.

Participating agencies will have access to identifying information on clients within their agency and information of an aggregate nature on other clients in the data base.

Confidentiality of information in the data base has been ensured through the use of a unique identifier for each client consisting of his/her initials and birthdate. In addition, a four-digit data base client identification number has been assigned to each person. Only authorized individuals have access to the identifying information and data base.

The Data Base Steering Committee is fortunate to have secured the services of the Association of Agencies for Treatment and Development as the ongoing sponsor of the developmentally handicapped data base.

6. HEIRARCHY OF DATA ANALYSIS

The study has produced a tremendous amount of information since more than forty questions were asked of all 1,365 clients responding to the survey and both frequency runs and cross-tabulations are possible for most variables.

In attempting to produce this report for public use, the Data Base Steering Committee was faced with the task of deciding which 'key' variables in the survey should be analyzed for reporting purposes since analysis of all variables was impractical.

The Data Base Steering Committee came to the reasonable conclusion that the report should focus on key variables which presented data useful for community planning purposes. The intent of the report would be to focus attention on information which would promote initial discussion in the community - not attempt 'to be all things to all people'. This would mean that data would not be presented for use at

a case management or agency level. All of this data, however, could be accessed through the computerized data file at a later date as requested.

With community planning in mind, the Data Base Steering Committee focused on six key variables for analysis in the report. These key variables were prioritized and assembled to form, what came to be known as, the 'hierarchy of data analysis' (see Figure 2). Data from the six variables - location, age, type of service, functional level, appropriateness and recommended program - was tabulated and, in some cases, cross-tabulated with other variables.

The foundation for the analysis in this report is the 6-level hierarchy.

7. SURVEY RESPONSE

Prior to presenting the data analysis, it may be useful to indicate that 83 agencies/organizations were initially approached about the data base to consider participation in the project (52 in Hamilton-Wentworth and 31 in Brant).

After contact and discussion with all agencies was complete, 32 agencies had decided to participate in the study by filling out survey forms (see Appendix 2 for list). It is important to note, however, that, of those agencies not actually completing forms, a majority had no developmentally handicapped clients. A number of agencies offered their support and some indicated that their clients would be included in the survey by other agencies. The few remaining agencies were either not interested in the study or felt that the survey was not applicable to their clients.

From the 32 agencies completing forms, the Study Team received a total of 1,365 forms (excluding duplicates). Unfortunately,

it was not possible to accurately determine the true response rate since not all agencies participated by completing forms and only developmentally handicapped persons 'in-service' could even be contacted.

With these limitations in mind, the participation and response was as follows:

TABLE 2

SURVEYS RETURNED AND CONTRIBUTING AGENCIES

	Surveys Returned*		Contributing Agencies**	
	Frequency	Percent	Frequency	Percent
Hamilton-Wentworth	955	70.0	23	71.9
Brant	410	30.0	9	28.1
TOTAL	1365	100.0	32	100.0

* 'Surveys returned' excludes duplicate/triplicate forms completed for clients (n=69).

** 'Contributing agencies' represents the number of agencies completing and returning survey forms.

8. DATA ANALYSIS

The following section presents the results of the analysis performed on the six variables described previously in the 'Hierarchy of Data Analysis' (Figure 2).

Thus, the data analysis section has been structured in six parts, each beginning with a buff-coloured page. Within each part,

the relevant tables are presented on single pages - one table per page.

Each table is directly followed by a brief point-form highlighting of the significant patterns/trends indicated by the data. (The 'highlighting' of major patterns/trends is not intended to be all-encompassing, so readers may want to draw their own conclusions from the tables presented).

FIGURE 2

HIERARCHY OF DATA ANALYSIS

Hierarchical Level	Variable	Specification	Analysis	Tables
1	Location	° Hamilton-Wentworth ° Brant	° x client ° x program	frequency frequency
2	Age	° 0-2 years ° 3-5 years ° 6-17 years ° 18-21 years ° 22-35 years ° 36-45 years ° 46+ years	° x totals	frequency
3	Type of Service	° residential program ° day program ° support service program	° x totals ° x age	frequency cross-tab
4	Functional Level	° developmental disability ° mobility handicap ° sensory handicap ° communicative handicap ° social behavioural problems	° x totals ° x type of service	frequency
5	Appropriateness	° most inappropriate ° inappropriate ° appropriate now but - within 2 years - more than 2 years ° appropriate but changes ° most appropriate	° x type of service	cross-tab
6	Recommended Program	° current program ° needed program ° program difference	° x type of	frequency

8.1 LOCATION VARIABLE

Data presenting the geographic location of developmentally handicapped clients in Brant.

Table 3: Client's Municipality

TABLE 3

CLIENT'S MUNICIPALITY

Municipality	Frequency	Percent
Brantford, City	352	85.9
Brantford, Township	17	4.1
Six Nations Reserve	13	3.2
Paris, Town	12	2.9
South Dumphres, Township	5	1.2
Burford, Township	4	1.0
Oakland, Township	3	0.7
Other Within Ontario	2	0.5
Other Province	1	0.2
Not Specified	1	0.2
TOTAL	410	100.0

- 85.9% of all Brant County clients live in the City of Brantford.
- the remaining 14.1% of all Brant County clients live outside the City of Brantford.

8.2 AGE VARIABLE

Data presenting the age distribution of the Brant clients.

Table 4: Age Distribution

Table 5: Age Distribution by 5-year Groupings

Figure 3: Population Pyramid

TABLE 4

AGE DISTRIBUTION*

	Frequency	Percent
0-2 years	10	2.4
3-5 years	16	3.9
6-17 years	100	24.4
18-21 years	55	13.4
22-35 years	160	39.0
36-45 years	31	7.6
46 years and older	38	9.3
TOTAL	410	150.0

* Age categories as defined by the Data Base Steering Committee.

- 39.0% of all clients are 22-35 years of age.
- 30.7% of all clients are under 18 years of age.
- 9.3% of all clients are over 45 years of age.

TABLE 5

AGE DISTRIBUTION BY 5-YEAR GROUPINGS*

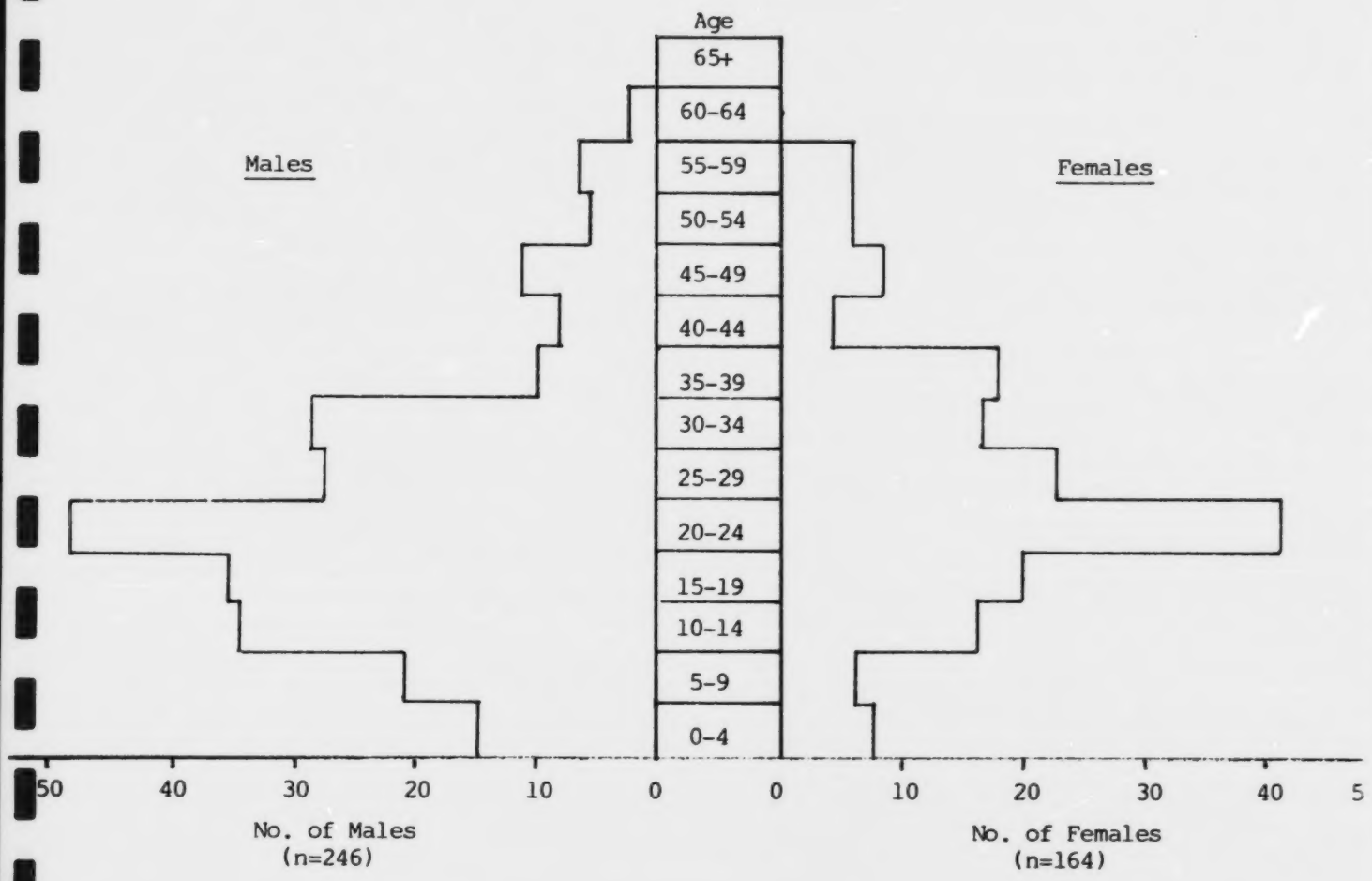
	Frequency	Percent
0-4 years	21	5.1
5-9 years	26	6.3
10-14 years	49	12.0
15-19 years	53	12.9
20-24 years	88	21.5
25-29 years	49	12.0
30-34 years	44	10.7
35-39 years	27	6.6
40-44 years	11	2.7
45-49 years	19	4.6
50-54 years	10	2.4
55-59 years	11	2.7
60-64 years	2	0.5
65 and older	0	0.0
TOTAL	410	100.0

* Age categories as defined and reorganized for purposes of preparing a population pyramid (see Figure 3).

- 60.0% (246) of all clients are males.
- 40.0% (164) of all clients are females.

FIGURE 3

POPULATION PYRAMID



8.3 TYPE OF SERVICE VARIABLE

Data presenting the current type of service utilized by Brant clients in residential, day and support programs. Cross-tabulations of type of service by age of clients are also presented.

Table 6: Summary of Type of Service
Table 7: Current Residential Type
Table 8: Current Day Program Type
Table 9: Current Support Program Type
Table 10: Current Residential Type by Age
Table 11: Current Day Program Type by Age
Table 12: Current Support Program Type by Age

TABLE 6

SUMMARY OF TYPE OF SERVICE

Type or Service	In Service		Not in Service	
	Frequency	Percent	Frequency	Percent
Residential	211	51.5	199	48.5
Day Program	328	80.0	82	20.0
Support Program	359	87.6	51*	12.4

* Figure includes 14 clients with unspecified or unknown support program involvement

- 51.5% of all clients are in a residential program (the remaining 48.5% are either living independently or living with their own family).
- 80.0% of all clients are involved with at least one day program.
- 87.6% of all clients are involved with at least one support program.

TABLE 7

CURRENT RESIDENTIAL TYPE

Residential Type*	Frequency	Percent
Live with Own Family	153	37.3
Independent Living	46	11.2
Mental Retardation Facility	111	27.1
Serviced Apartment/Home Co-op	35	8.5
Group Home	27	6.6
Special Support Home for Adults and Children	26	6.3
Nursing/Extended Care Home	4	1.0
Foster Home/Family Support Home	3	0.7
Residential Care in Homes for Special Care	2	0.5
Home for the Aged	1	0.2
Long Term Care	1	0.2
Psychiatric Institution	1	0.2
TOTAL	410	100.0

* See Appendix 3 for more details regarding residential type categories.

- 51.5% of all clients live in some type of residential facility.
- 48.5% of all clients do not live in any type of residential facility (ie. live with own family or live independently).
- Of those clients who live in a residential facility, 52.6% live in a Mental Retardation facility.

TABLE 8

CURRENT DAY PROGRAM TYPE
(multiple response)

Day Program Type*	Frequency	Percent of Cases (n=410)
No Day Program Involvement	82	20.0
Ministry/Board of Education Program	131	32.0
Sheltered Workshop/Occupational Activity	104	25.4
Developmental Life Skills	32	7.8
Life Skills/Prevocational/Community Activity Program	15	3.6
Day Care and Pre-School (age 2-6)	14	3.4
Semi-Competitive/Semi-Sheltered Work Setting	12	2.9
Regular Employment	11	2.7
Recreation/Leisure Activities	6	1.5
Volunteer Work	5	1.2
Adult Education	2	0.5
Psychiatric Day Program	1	0.2

* See Appendix 3 for more details regarding day program type categories.

NOTE:
- 82 (20.0%) clients are not involved in any day programs.
- 323 (78.8%) clients are involved in one day programs.
- 5 (1.2%) clients are involved in two day programs.

- 39.9% of clients involved in day programs are participating in Ministry or Board of Education programs.
- 31.7% of clients involved in day programs are participating in a sheltered workshop or occupational activity.

TABLE 9

CURRENT SUPPORT PROGRAM TYPE
(multiple response)

Support Program Type*	Frequency	Percent of Cases (n=410)
No Support Program Involvement	37	9.0
Medical Services	329	80.2
Home Supports	187	45.6
Recreation/Leisure Activities	182	44.4
Support for Independent Living	83	20.2
Skills Training	51	12.4
Mental Health Supports	49	12.0
Vocational Supports	48	11.7
Education	40	9.8
Personal Supervision	2	0.5
Not Specified/Don't Know	14	3.4

* See Appendix 3 for more details regarding support program type caregories.

NOTE:
- 37 (9.0%) clients are not involved with any support programs.
- 63 (15.4%) clients are involved with only one support program.
- 81 (19.8%) clients are involved with two support programs.
- 114 (27.8%) clients are involved with three support programs.
- 101 (24.6%) clients are involved with four or more support programs.
- 14 (3.4%) respondents did not specify or know of any support program involvement by their clients.

- of the 359 clients reporting to use support programs:
  - 329 (91.6%) instances of use of medical services were reported;
  - 187 (52.1%) instances of use of home supports were reported; and
  - 182 (50.7%) instances of use of recreation/leisure services were reported.

TABLE 10

CURRENT RESIDENTIAL TYPE BY AGE

Age	In A Residential Program		Independent/Family Living	
	Frequency	Percent	Frequency	Percent
0-2 years	0	0.0	10	5.0
3-5 years	2	0.9	14	7.0
6-17 years	52	24.6	48	24.1
18-21 years	31	14.7	24	12.1
22-35 years	89	42.2	71	35.7
36-45 years	16	7.6	15	7.5
46 years and older	21	10.0	17	8.5
TOTAL	211	100.0	199	100.0

In A Residential Program

- 42.2% of clients in a residential program are 22-35 years of age.
- 25.5% of clients in a residential program are under 18 years of age.

Independent/Family Living

- 35.7% of clients who live independently or with their own family are 22-35 years of age.
- 36.1% of clients who live independently or with their own family are under 18 years of age.

TABLE 11

CURRENT DAY PROGRAM TYPE BY AGE

Age	In a Day Program		Not in Day Program	
	Frequency	Percent	Frequency	Percent
0-2 years	2	0.6	8	9.8
3-5 years	16	4.9	0	0.0
6-17 years	98	29.9	2	2.4
18-21 years	49	14.9	6	7.3
22-35 years	105	32.0	55	67.1
36-45 years	25	7.6	6	7.3
46 years and older	33	10.1	5	6.1
TOTAL	328	100.0	82	100.0

In Day Program(s)

- 32.0% of clients in day programs are 22-35 years of age.
- 35.4% of clients in day programs are under 18 years of age.

Not in Day Program

- 67.1% of clients not in any day program are 22-35 years of age.
- 12.2% of clients not in any day program are under 18 years of age.

TABLE 12

CURRENT SUPPORT PROGRAM TYPE BY AGE

	In Support Program(s)		Not in Support Programs	
	Frequency	Percent	Frequency	Percent
0-2 years	8	2.2	2	5.4
3-5 years	16	4.4	0	0.0
6-17 years	78	21.7	19	51.4
18-21 years	45	12.5	0	0.0
22-35 years	149	41.5	11	29.7
36-45 years	28	7.8	2	5.4
46 years and older	35	9.7	3	8.1
TOTAL	359	100.0	37	100.0
			14 Not Specified/ Don't Know	

In Support Program(s)

- 41.5% of clients in support programs are 22-35 years of age.
- 28.3% of clients in support programs are under 18 years of age.

Not in Support Programs

- 29.7% of clients not in support programs are 22-35 years of age.
- 56.8% of clients not in support programs are under 18 years of age.

8.4 FUNCTIONAL LEVEL VARIABLE

Data presenting the functional levels of Brant clients along the dimensions of primary developmental disability, secondary developmental disability, mobility handicap, sensory handicap, communicative handicap, and social behavioural problems. Cross-tabulations of functional level by type of service are also presented.

Table 13: Summary of Functional Level

Table 14: Developmental Disability, Primary

Table 15: Developmental Disability, Secondary

Table 16: Mobility Handicap

Table 17: Sensory Handicap

Table 18: Communicative Handicap

Table 19: Social Behavioural Problems

Table 20: Developmental Disability, Primary by Current Residential Type

Table 21: Developmental Disability, Primary by Current Day Program

Table 22: Developmental Disability, Primary by Current Support Programs

Table 23: Current Residential Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

Table 24: Current Day Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

Table 25: Current Support Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

TABLE 13

SUMMARY OF FUNCTIONAL LEVEL

Functional Level	With Handicap		Without Handicap		Not Specified/ Don't Know
	Frequency	Percent	Frequency	Percent	
Developmental Disability, Primary	389	94.9	1	0.2	20
Developmental Disability, Secondary	29	7.1	379	92.4	2
Mobility Handicap	168	41.0	241	58.8	1
Sensory Handicap	133	32.4	268	65.4	9
Communicative Handicap	234	57.1	175	42.7	1
Social Behavioural Problems	234	57.1	175	42.7	1

- only 7.1% of all clients have an identified secondary developmental disability.
- 41.0% of all clients have a mobility handicap.
- 32.4% of all clients have a sensory handicap.
- 57.1% of all clients have a communicative handicap.
- 57.1% of all clients have social behavioural problems.

TABLE 14

DEVELOPMENTAL DISABILITY, PRIMARY

Disability	Frequency	Percent
Moderate Retardation	125	30.5
Profound Retardation	98	23.9
Mild Retardation	66	16.1
Bofderline Mental Retardation	45	11.0
Severe Ratardation	41	10.0
Cerebral Palsy	8	2.0
Developmental Delay	2	0.5
Autism	2	0.5
Brain Injury	1	0.2
Blindness	1	0.2
Retardation Level Unspecified	19	4.6
No/None	1	0.2
Don't Know	1	0.2
TOTAL	410	100.0

- 33.9% of all clients are considered to be profoundly/severely retarded.
- 30.5% of all clients are considered to be moderately retarded.
- 27.1% of all clients are considered to be mildly/borderline retarded.

TABLE 15

DEVELOPMENTAL DISABILITY, SECONDARY

Disability	Frequency	Percent
Moderate Retardation	7	1.7
Learning Disability	6	1.5
Mild Retardation	4	1.0
Developmental Delay	4	1.0
Cerebral Palsy	4	1.0
Autism	2	0.5
Borderline Mental Retardation	1	0.2
Psychiatric/Psychological Disorder	1	0.2
No/None	379	92.4
Don't Know	2	0.5
TOTAL	410	100.0

- 92.4% of all clients do not have a reported secondary developmental disability.
- 7.1% of all clients have a reported secondary developmental disability.

NOTE: Since only 7.1% (29) clients have a reported secondary disability, detailed analysis by 'type of service' has not been conducted for this report.

TABLE 16

MOBILITY HANDICAP

Handicap	Frequency	Percent
Within Normal Limits	241	58.8
Not Ambulatory	103	25.1
Difficulty But Uses Stairs	36	8.8
Wheelchair or Equivalent Without Assistance	17	4.1
Partial Ambulatory	12	2.9
Not Specified	1	0.2
TOTAL	410	100.0

- 58.8% of all clients do not have a mobility handicap.
- 25.1% of all clients are not ambulatory.

TABLE 17

SENSORY HANDICAP

Handicap	Frequency	Percent
Impaired Vision	56	13.7
Legally Blind	25	6.1
Mild Multi-Sensory Handicaps	19	4.6
Hard of Hearing/Hearing Impaired	15	3.7
Severe Multi-Handicapped	9	2.2
Moderate Multi-Handicapped	5	1.2
Deaf	4	1.0
No/None	268	65.4
Don't Know	9	2.2
TOTAL	410	100.0

- 65.4% of all clients do not have a sensory handicap.
- 32.4% of all clients have a sensory handicap and, of these, 13.7% have impaired vision.

TABLE 18

COMMUNICATIVE HANDICAP

Handicap	Frequency	Percent
Impairment*	234	57.1
No/None	175	42.7
Don't Know	1	0.2
TOTAL	410	100.0

* Impairment of receptive or expressive skill sufficient to indicate need for speech/communication assessment, therapy or training.

° 57.1% of all clients have a communicative handicap while 42.7% do not have a handicap.

TABLE 19

SOCIAL BEHAVIOURAL PROBLEMS

	Frequency	Percent
Acceptable Behaviour in the Community	175	42.7
Acceptable Behaviour in Care	97	23.7
Mild Unacceptable Behaviour/Manners	48	11.7
Severe Unacceptable Behaviour	27	6.6
Socially Withdrawn or Inadequate	19	4.6
Unresponsive	17	4.1
Dangerous to Self	13	3.2
Socially Offensive Behaviour/Mannerisms	12	2.9
Dangerous to Others	1	0.2
Don't Know	1	0.2
TOTAL	410	100.0

- 42.7% of all clients are considered to display acceptable behaviour in the community.
- 23.7% of all clients display acceptable behaviour in care.
- 12.9% of all clients display severe/ offensive or dangerous behaviours or mannerisms.

TABLE 20

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT RESIDENTIAL TYPE

Disability	Total	Independent living	Live With Family	Foster Home/ Family Support	Group Home	Special Support Home	Psychiatric Institution	Special Residential Care	Nursing/ Extended Care Home	Home for Aged	Long-Term Care	Mental Retardation Facility	Serviced Apt./ Co-op
Moderate Retardation	125	10	85	2	11	6	1	0	3	1	0	1	5
Profound Retardation	98	0	6	0	8	0	0	0	0	0	0	84	0
Mild Retardation	66	18	22	1	1	2	0	0	0	0	0	1	21
Borderline Mental Retardation	45	15	12	0	4	0	0	2	0	0	0	3	9
Severe Retardation	41	0	11	0	2	10	0	0	0	0	0	18	0
Cerebral Palsy	8	0	1	0	0	6	0	0	1	0	0	0	0
Developmental Delay	2	0	2	0	0	0	0	0	0	0	0	0	0
Autism	2	0	2	0	0	0	0	0	0	0	0	0	0
Brain Injury	1	0	0	0	0	1	0	0	0	0	0	0	0
Blindness	1	0	1	0	0	0	0	0	0	0	0	0	0
Retardation Level Unspecified	19	2	11	0	1	0	0	0	0	0	1	4	0
No/None	1	0	0	0	0	1	0	0	0	0	0	0	0
Don't Know	1	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	410	46	153	3	27	26	1	2	4	1	1	111	35

- 68.0% of the moderately retarded clients live with their own family.
- 85.7% of the profoundly retarded clients reside in a mental retardation facility.
- approximately one-third each of the mildly retarded clients reside with their own family, live independently, or live in a serviced apartment/home co-op.
- 60.0% of the borderline mentally retarded clients live independently or live with their own family.
- 43.9% of the severely retarded clients live in a mental retardation facility.

TABLE 21

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT DAY PROGRAM

Disability	Total	Sheltered Workshop	Life Skills	Developmental Life Skills	Day Care/ Pre-School	Ministry/ Board Program	Adult Education	Regular Employment	Recreation/ Leisure	Semi-Competitive/Semi-Sheltered Work	Volunteer Work	Psychiatric Day Program	No Day Program
Moderate Retardation	125	41	11	4	4	53	0	4	1	2	2	0	4
Profound Retardation	98	0	1	12	2	50	0	0	0	0	0	0	33
Mild Retardation	66	26	0	2	1	6	1	2	1	9	2	0	16
Borderline Mental Retardation	45	25	0	1	0	3	0	5	0	1	1	1	8
Severe Retardation	41	3	0	9	5	12	0	0	0	0	0	0	12
Cerebral Palsy	8	1	2	0	0	1	0	0	4	0	0	0	0
Developmental Delay	2	0	0	0	0	0	0	0	0	0	0	0	2
Autism	2	0	0	0	0	2	0	0	0	0	0	0	0
Brain Injury	1	0	1	0	0	0	0	0	0	0	0	0	0
Blindness	1	0	0	0	0	1	0	0	0	0	0	0	0
Retardation Level Unspecified	19	5	0	3	2	2	0	0	0	0	0	0	7
No/None	1	0	0	0	0	0	1	0	0	0	0	0	0
Don't Know	1	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	410	102	15	31	14	130	2	11	6	12	4	1	82

* 42.4% of the moderately retarded clients are involved in a Ministry or Board of Education day program while 32.8% are involved in a sheltered workshop.

* 51.0% of the profoundly retarded clients are involved in a Ministry or Board of Education day program while 33.7% are not involved in any day program(s).

* 39.4% of the mildly retarded clients are involved in a sheltered workshop while 24.2% are not involved in any day program(s).

* 55.6% of the borderline retarded clients are involved in a sheltered workshop while 17.8% are not involved in any day program(s).

* 29.3% of the severely retarded clients are involved in a Ministry or Board of Education program and a further 29.3% are not involved in any day program(s).

TABLE 22

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT SUPPORT PROGRAMS
(multiple response)*

Disability	Total Clients	Home Supports	Education	Vocational Supports	Medical Services	Mental Health Supports	Recreation/ Leisure	Personal Supervision	Support for Independent Living	Skills Training
Moderate Retardation	125	30	18	17	40	19	45	0	25	15
Profound Retardation	98	84	0	0	183	0	31	0	0	8
Mild Retardation	66	15	13	7	11	9	46	0	38	2
Borderline Mental Retardation	45	11	4	13	14	11	21	2	18	3
Severe Retardation	41	21	3	8	43	2	24	0	0	16
Cerebral Palsy	8	2	0	1	9	6	7	0	0	2
Developmental Delay	2	5	0	0	1	0	0	0	0	0
Autism	2	2	0	0	1	0	2	0	0	2
Brain Injury	1	0	1	0	2	0	1	0	0	0
Blindness	1	1	0	0	0	0	0	0	0	0
Retardation Level Unspecified	19	16	0	2	22	1	4	0	2	3
No/None	1	0	0	0	2	1	1	0	0	0
Don't Know	1	0	1	0	1	0	0	0	0	0
TOTAL	410	187	40	48	329	49	182	2	83	51

* Table represents multiple responses and, thus, does not total 410 clients. The above data has been reported for 359 clients (87.6% of all clients). (37 clients do not receive any support programs while data was not specified or known for 14 clients).

- each moderately retarded client utilizes 0.4 recreation/leisure support programs on average.
- each profoundly retarded client utilizes 1.9 medical services on average and 0.9 home support services on average.
- each mildly retarded client utilizes 0.7 recreation/leisure programs on average.
- each borderline retarded client utilizes 0.5 recreation/leisure support programs on average.
- each severely retarded client utilizes 1.0 medical services and 0.6 recreation/leisure support programs on average.

TABLE 23

CURRENT RESIDENTIAL TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS

Residential Type	Mobility Handicap	Sensory Handicap	Communica-tive Handicap	Social Behavioural Problems
Live With Own Family	37	31	85	68
Independent Living	4	21	7	17
Mental Retardation Facility	103	64	109	111
Serviced Apartment/Home Co-op	1	3	0	5
Group Home	6	7	13	14
Special Support Home for Adults and Children	15	5	16	12
Nursing/Extended Care Home	1	0	1	1
Foster Home/Family Support Home	0	1	1	2
Residential Care in Homes for Special Care	0	0	0	1
Home for the Aged	0	0	0	1
Long-Term Care	1	1	1	1
Psychiatric Institution	0	0	1	1
TOTAL	168	133	234	234

Mobility Handicap (41.0%)

- 61.3% of clients with mobility handicaps live in a mental retardation facility.
- 22.0% of clients with mobility handicaps live with their own family.

Sensory Handicap (32.4%)

- 48.1% of clients with a sensory handicap live in a mental retardation facility.
- 39.1% of clients with a sensory handicap live with their own family or live independently.

Communicative Handicap (57.1%)

- 46.6% of clients with a communicative handicap live in a mental retardation facility.
- 36.3% of clients with a communicative handicap live with their own family.

cont'd...

Social Behavioural Problems (57.1%)

- 47.4% of clients with social behavioural problems live in a mental retardation facility.
- 36.3% of clients with social behavioural problems live with their own family or live independently.

TABLE 24

CURRENT DAY PROGRAM TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS

Day Program Type	Mobility Handicap	Sensory Handicap	Communica-tive Handicap	Social Behavioural Problems
No Day Program Involvement	50	35	56	60
Ministry/Board of Education Program	69	50	95	100
Sheltered Workshop (Occupational Activity)	10	24	25	27
Developmental Life Skills	17	10	28	24
Life Skills/Prevocational/ Community Activity	7	3	4	5
Day Care and Pre-School (age 2-6)	7	5	14	11
Semi-Competitive/Semi-Sheltered Work Setting	0	2	5	2
Regular Employment	0	2	0	2
Recreation/Leisure Activities	6	1	4	2
Volunteer Work	0	1	1	0
Adult Education	2	0	1	0
Psychiatric Day Program	0	0	1	1
TOTAL	168	133	234	234

Mobility Handicap (41.0%)

- 41.1% of clients with mobility handicaps are involved in Ministry/ Board of Education programs.
- 29.8% of clients with mobility handicaps are not involved in any day programs.

Sensory Handicap (32.4%)

- 37.6% of clients with sensory handicaps are involved in Ministry/ Board of Education programs.
- 26.3% of clients with sensory handicaps are not involved in any day programs.

cont'd...

Communicative Handicap (57.1%)

- 40.6% of clients with communicative handicaps are involved in Ministry/Board of Education programs.
- 23.9% of clients with communicative handicaps are not involved in any day programs.

Social Behavioural Problems (57.1%)

- 42.7% of clients with social behavioural problems are involved in Ministry/Board of Education programs.
- 25.6% of clients with social behavioural problems are not involved in any day programs.

TABLE 25

CURRENT SUPPORT PROGRAM TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS
(multiple response)

Support Program Type	Mobility Handicap	Sensory Handicap	Communica-tive Handicap	Social Behavioural Problems
No Support Program Involvement	4	4	12	11
Medical Services	255	156	295	273
Home Supports	125	79	148	133
Recreation/Leisure Activities	60	45	90	95
Support for Independent Living	6	27	9	27
Skills Training	25	13	40	43
Mental Health Supports	14	10	18	20
Vocational Supports	8	14	14	15
Education	2	8	6	12
Personal Supervision	0	0	0	1
Not Specified/Don't Know	4	2	6	12
TOTAL	503	358	638	642

Mobility Handicap (41.0%)

- each mobility handicapped client utilizes 1.5 medical services on average.
- each mobility handicapped client utilizes 0.7 home support programs on average.

Sensory Handicap (32.4%)

- each sensory handicapped client utilizes 1.2 medical services on average.
- each sensory handicapped client utilizes 0.6 home support programs on average.

Communicative Handicap (57.1%)

- each communicatively handicapped client utilizes 1.3 medical services on average.
- each communicatively handicapped client utilizes 0.6 home support programs on average.

cont'd...

Social Behavioural Problems (57.1%)

- each client with social behavioural problems utilizes 1.2 medical services on average.
- each client with social behavioural problems utilizes 0.6 home support programs on average.

8.5 APPROPRIATENESS OF SERVICE VARIABLE

Data presenting the appropriateness levels of Brant clients who are in residential, day and support programs.

Table 26:	Summary of Appropriateness of Programs
Table 27:	Current Residential Type by Appropriateness of Residential Setting
Table 28:	Current Day Program Type by Appropriateness of Day Program
Table 29:	Frequency of Support Programs Which are 'Appropriate But Not Enough Resources' and 'On Waiting List'.

TABLE 26

SUMMARY OF APPROPRIATENESS OF PROGRAMS*

Appropriateness	Residential Setting		Day Program	
	Frequency	Percent	Frequency	Percent
Most Inappropriate	4	1.0	5 **	1.2 **
Inappropriate	35	8.5	74 **	18.0 **
Appropriate Now But (< 2 years)***	50	12.2	56	13.7
Appropriate Now But (> 2 years)***	58	14.1	35	8.5
Appropriate with Changes	28	6.8	20	4.9
Most Appropriate	234	57.1	219	53.4
Don't Know	1	0.2	1	0.2
TOTAL	410	100.0	410	100.0

*Table does not present 'appropriateness' data for support programs since the format used to collect this information was not similar to that for residential and day programs.

**The 79 clients include 57 clients who are not involved in any day program and, in fact, this indicates that it is felt that these clients should be participating in some kind of day program. Only 22 of 328 (6.7%) clients are actually considered to be most inappropriately/inappropriately involved in their current day program.

***'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

'Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

- 57.1% of all clients are considered to be 'most appropriately' placed in their current residential accommodation while 9.5% are 'most inappropriately/inappropriately' placed.
- 53.4% of all clients are considered to be 'most appropriately' involved in their current day program while 6.7% are 'most inappropriately/inappropriately' involved in programming.

TABLE 27

CURRENT RESIDENTIAL TYPE BY APPROPRIATENESS OF RESIDENTIAL SETTING

Residential Type	Total	Most inappro-priate	Inappro-priate	Appropriate Now But (< 2 years)*	Appropriate Now But (> 2 years)*	Appropriate with Changes	Most Appro-priate	Don't Know
Live with Own Family	153	1	5	23	51	3	70	0
Independent Living	46	1	1	3	0	13	28	0
Mental Retardation Facility	111	0	10	12	2	1	86	0
Serviced Apartment/ Home Co-op	35	0	0	1	0	5	29	0
Group Home	27	0	1	9	1	2	13	1
Special Support Home for Adults and Children	26	0	16	2	2	0	6	0
Nursing/Extended Care Home	4	0	1	0	0	3	0	0
Foster Home/Family Sup-port Home	3	0	0	0	2	1	0	0
Residential Care in Homes for Special Care	2	0	0	0	0	0	2	0
Home for the Aged	1	1	0	0	0	0	0	0
Long-Term Care	1	0	1	0	0	0	0	0
Psychiatric Institution	1	1	0	0	0	0	0	0
TOTAL	410	4	35	50	58	28	234	1

* 'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

'Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

° 9.5% of all clients are considered to be most inappropriately/ inappropriately placed in their current accommodation and 41.0% of those most inappropriately/inappropriately placed are in special support homes for adults and children

cont'd...

Table 27 cont'd

- 12.2% of all clients are considered to be appropriately placed but will require relocation within 2 years, and 46.0% of these clients currently live with their own families.
- 14.1% of all clients are considered to be appropriately placed but will require relocation in more than 2 years, and 87.9% of these clients currently live with their own families.
- 6.8% of all clients are considered to be appropriately placed but require changes within their present setting, and 46.4% of these clients currently live independently.
- 57.1% of all clients are considered to be most appropriately placed (no need for change) and 36.7% of these clients live in a mental retardation facility while 41.9% live with their own families or live independently currently.

TABLE 28

CURRENT DAY PROGRAM TYPE BY APPROPRIATENESS OF DAY PROGRAM

Day Program Type	Total	Most inappro-priate	Inappro-priate	Appropriate Now But (< 2 years)*	Appropriate Now But (> 2 years)*	Appropriate with Changes	Most Appro-priate	Don't Know
No Day Care Involvement	82	5	52	5	3	0	17	0
Ministry/Board of Education	130	0	5	11	10	3	101	0
Sheltered Workshop/ Occupational Therapy	102	0	10	26	18	7	41	0
Developmental Life Skills	31	0	1	11	1	2	15	1
Life Skills/Prevocational/ Community Activity	15	0	3	2	1	1	8	0
Day Care and Pre-School (age 2-6)	14	0	0	0	2	0	12	0
Semi-Competitive/Semi-Sheltered Work Setting	12	0	1	1	0	1	9	0
Regular Employment	11	0	0	0	0	2	9	0
Recreation/Leisure Activi-ties	6	0	0	0	0	3	3	0
Volunteer Work	4	0	2	0	0	1	1	0
Adult Education	2	0	0	0	0	0	2	0
Psychiatric Day Program	1	0	0	0	0	0	1	0
TOTAL	410	5	74	56	35	20	219	1

* 'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

"Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

° 6.7% of all clients reporting day program involvement are considered to be most inappropriately/inappropriately involved in their current day program.

cont'd...

Table 28 cont'd

- for those reporting no day program involvement, 69.5% have been classified as 'most inappropriate/inappropriate and this, in fact, indicates that it is felt that these clients should be participating in some kind of day program.
- 13.7% of all clients are considered to be appropriately placed but will require relocation within 2 years, and 46.4% of these clients are currently involved in a sheltered workshop/occupational activity.
- 8.5% of all clients are considered to be appropriately placed but will require relocation in more than 2 years, and 51.4% of these clients are currently involved in a sheltered workshop/occupational activity.
- 53.4% of all clients are considered to be most appropriately placed (no need for change), and 46.1% of these clients are currently involved in a Ministry/Board of Education program.

TABLE 29

FREQUENCY OF SUPPORT PROGRAMS WHICH ARE 'APPROPRIATE BUT NOT ENOUGH RESOURCES' AND 'ON WAITING LIST'*
(multiple response)

Support Program	Frequency
Recreation/Leisure	82
Assessment/Diagnosis	46
Citizen Advocacy	36
Personal and Family Counselling	31
Psychological Assessment	28
Speech/Communication Therapy	25
Behaviour Training/Management	25
Evening Education	24
Adult Protection Services	20
Family Support Program/Case Management/Tri-Ministry Services	17
Parent Relief (out of home)	15
Public Health Nursing	12
Physio-Therapy	12
Parent Relief (in home)	9
Occupational Therapy	9
Infant Stimulation and Development	4
Vocational Support Services	4
Children's Aid Society	1
Supported Independent Living	1
Subsidized Housing	1
Parenting Skills (for MR parents)	1
Special Needs at Home	1

* The format for this table is different from that presented for the 'appropriateness' of residential and day programs (Tables 27 and 28). The method for collecting data for support programs was different from that of residential and day programs.

The table presents the number of clients who would appropriately be involved in the aforementioned support programs, however, there are currently either no or not enough resources to accommodate them. The table also includes clients who are currently on waiting lists for support programs.

° there are 404 reported instances of clients currently awaiting service in the various support programs listed above (some clients may be awaiting more than one service).

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- 20.0% of all clients are awaiting service in recreation/leisure programs.
- 11.2% of all clients are awaiting service for assessment/diagnostic programs.
- 8.8% of all clients are awaiting a citizen advocacy service.
- 7.6% of all clients are awaiting a program of personal and family counselling.
- 6.8% of all clients are awaiting a program of psychological assessment.

8.6 RECOMMENDED PROGRAM VARIABLE

Data presenting the recommended program(s) for Brant clients according to their residential, day and support service needs.

Table 30: Current Residential Type and Needed Residential Type

Table 31: Recommended Residential Monitoring for 'Most Inappropriately/Inappropriately' Placed Clients

Table 32: Recommended Program Emphasis for 'Most Inappropriately/Inappropriately' Placed Clients

Table 33: Current Day Program Type and Needed Day Program Type

Table 34: Recommended Day Program for 'Most Inappropriately/Inappropriately' Placed Clients

Table 35: Frequency of Support Programs which are 'Appropriate But Not Enough Resources' and 'On Waiting List'

TABLE 30

CURRENT RESIDENTIAL TYPE AND NEEDED RESIDENTIAL TYPE*

Residential Type	Current	Needed	Gross Difference
Live with Own Family	153	93	- 60
Independent Living	46	44	- 2
Mental Retardation Facility	111	91	- 20
Serviced Apartment/Home Co-op	35	65	30
Group Home	27	83	56
Special Support Home for Adults and Children	26	18	- 8
Nursing/Extended Care Home	4	5	1
Foster Home/Family Support Home	3	4	1
Residential Care in Homes for Special Care	2	4	2
Home for the Aged	1	0	- 1
Long-Term Care	1	1	0
Psychiatric Institution	1	1	0
Don't Know	0	1	-
TOTAL	410	410	

* It is important to note that it was not possible to identify, on a case-by-case basis, the direct relationships between the current and needed residential types (ie. 1 to 1 relationship). Subtracting the current residential type from the needed residential type only provides a gross difference between the two indicators. It was not possible to 'track' the movement (e.g. number) of clients between residential types. This factor should be considered when reading the interpretation below.

- 93 clients (22.7%) need to be living with their own family and this represents 60 people less than are currently living with their family. This would appear to indicate that the 60 clients should, in fact, be in some type of residential program (and not living with their families).
- 91 clients (22.2%) need to be in a mental retardation facility and this represents 20 people less than are currently residing in such facilities.

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- 83 clients (20.2%) need to be in a group home and this represents 56 people more than are currently in a group home.
- 65 clients (15.9%) need a serviced apartment/home co-op and this represents 30 people more than are currently in such apartments/co-ops.

TABLE 31

RECOMMENDED RESIDENTIAL MONITORING FOR 'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*

Recommended Monitoring	Frequency	Percent
24-Hour Awake Staff	17	43.6
Staff with Sleeping Night Shift	15	38.5
Program Staff Evenings Only (Hands-on)	3	7.7
Support Program Staff (Minimal Hands-on)	3	7.7
Live-in Adult(s)	1	2.6
Staff Without Night Shift	0	0.0
Parents with In-Home Relief	0	0.0
Parents with Out-of-Home Relief	0	0.0
Parents Only	0	0.0
Live-in Adult(s) with In-Home Relief	0	0.0
Live-in Adult(s) with Out-of-Home Relief	0	0.0
Staff Follow-up Only	0	0.0
Don't Know/Not Specified	0	0.0
TOTAL	39	100.0

* 39 clients were considered to be 'most inappropriately/inappropriately' placed in their current residential setting (See Table 27). The table above presents the recommended monitoring required for these 39 clients.

- 43.6% of the 'most inappropriately/inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 38.5% of the 'most inappropriately/inappropriately' placed clients are recommended for a monitoring program of staff with a sleeping night shift.

TABLE 32

RECOMMENDED RESIDENTIAL PROGRAM EMPHASIS FOR
'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*
(multiple response)

Recommended Program Emphasis	Frequency	Percent (n-116)
Basic Physical, Emotional, Social and Life Skills Development	30	76.9
Daily Living Skills	24	61.5
Behaviour Management Skills	17	43.6
Community Living Skills	14	35.9
Total Communication Environment	10	25.6
Emotional Management Skills	2	5.1
Minimal Support Program	1	2.6
No Program Required	0	0.0
Other	0	0.0

* 39 clients were considered to be 'most inappropriately/inappropriately' placed in their current residential setting (see Table 27). The table above indicates that the recommended program emphasis/emphases for the 39 clients.

- 76.9% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing basic physical, emotional, social and life skills development.
- 61.5% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing daily living skills.
- 43.6% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing behaviour management skills.

TABLE 33

CURRENT DAY PROGRAM TYPE AND NEEDED DAY PROGRAM TYPE*

Day Program Type	Current	Needed	Gross Difference
No Day Program Involvement	82	16	--
Ministry/Board of Education Program	130	117	- 13
Sheltered Workshop/Occupational Activity	101	81	- 20
Developmental Life Skills	31	25	- 6
Life Skills/Prevocational/ Community Activity Program	15	30	15
Day Care and Pre-School (age 2-6)	14	17	3
Semi-Competitive/Semi-Sheltered Work Setting	12	15	3
Regular Employment	11	47	36
Recreation/Leisure Activities	6	38	32
Volunteer Work	4	2	- 2
Adult Education	2	9	7
Psychiatric Day Program	1	1	0
Other	1	6	5
Not Specified/Don't Know	0	6	--
TOTAL	410	410	

* It is important to note that it was not possible to identify, on a case-by-case basis, the direct relationships between the current and needed day program types (ie. 1 to 1 relationships). Subtracting the current day program type from the needed day program type only provides a gross difference between the two indicators. It was not possible to 'track' the movement (e.g. number) of clients between residential types. This factor should be considered when reading the interpretation below.

- 81 clients (19.8%) need to be in a sheltered workshop/occupational activity program and this represents 20 people less than are currently in such a program.
- 47 clients (11.5%) need to have regular employment and this represents 36 people more than are currently employed.
- 38 clients (9.3%) need to be involved in recreation/leisure activities and this represents 32 people more than are currently involved in such activities.
- 16 clients not currently in any day program require involvement in some type of day program.

TABLE 34

RECOMMENDED DAY PROGRAM MILIEU FOR 'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*

Recommended Milieu	Frequency	Percent
Shared With Other MR Persons	40	50.6
Shared With Non-MR Persons	18	22.8
Home-Based Program	9	11.4
Self-Contained Program	0	0.0
Other	1	1.3
Don't Know/Not Specified	11	13.9
TOTAL	79	100.0

* 79 clients were considered to be 'most inappropriately/inappropriately' placed in their current day program (including those with no day program involvement) - see Table 28. The table above presents the recommended day program milieu for these 79 clients.

- 50.6% of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.
- 22.8% of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with non-MR persons.

TABLE 35

FREQUENCY OF SUPPORT PROGRAMS WHICH ARE 'APPROPRIATE BUT NOT ENOUGH RESOURCES' AND 'ON WAITING LIST'*
(multiple response)

Support Program	Frequency
Recreation/Leisure	82
Assessment/Diagnosis	46
Citizen Advocacy	36
Personal and Family Counselling	31
Psychological Assessment	28
Speech/Communication Therapy	25
Behaviour Training/Management	25
Evening Education	24
Adult Protection Services	20
Family Support Program/Case Management/Tri-Ministry Services	17
Parent Relief (out of home)	15
Public Health Nursing	12
Physio-Therapy	12
Parent Relief (in home)	9
Occupational Therapy	9
Infant Stimulation and Development	4
Vocational Support Services	4
Children's Aid Society	1
Supported Independent Living	1
Subsidized Housing	1
Parenting Skills (for MR parents)	1
Special Needs at Home	1

* This table is identical to Table 29 (located in the 'Appropriateness Variable' section). It is assumed that the recommended support programs for clients are the same programs in which service providers feel they appropriately should be involved (ie. appropriate setting = recommended setting). The format for this table is different from that presented for the recommended (needed) residential and day programs (Tables 30 and 33). The method for collecting data for support programs was different from that of residential and day programs.

The table presents the number of clients who would appropriately be involved in or recommended for the aforementioned support programs, however, there are currently either no or not enough resources to accommodate them. The table also includes those clients who are currently on waiting lists for support programs.

cont'd...

- There are 404 reported instances of client currently awaiting and recommended for service in the various support programs listed above (some clients may be awaiting more than one service).
- 20.0% of all clients are awaiting and recommended for service in recreation/leisure programs.
- 11.2% of all clients are awaiting and recommended for service for assessment/diagnostic programs.
- 8.8% of all clients are awaiting and recommended for a citizen advocacy service.
- 7.6% of all clients are awaiting and recommended for a program of personal and family counselling.
- 6.8% of all clients are awaiting and recommended for a program of psychological assessment.

9. SUMMARY

Of the 1,365 clients in the data base for the developmentally handicapped, 410 clients (30.0%) live in the County of Brant. This report has attempted to analyze the data collected for these 410 clients using a six-level hierarchy as a focus for analysis.

The following summarizes the major trends/patterns presented in this report from the Data Analysis section -

Location Variable:

- 85.9% (352) of all clients live in the City of Brantford (the remainder live outside the City but within the County).

Age Variable:

- 39.0% (160) of all clients are 22-35 years of age.
- 30.7% (126) of all clients are under 18 years of age.
- 9.3% (38) of all clients are over 45 years of age.
- 60.0% (246) of all clients are male.

Type of Service Variable:

- 48.5% (199) of all clients do not live in any type of residential facility (ie. live with their own family or live independently).
- 51.5% (211) of all clients live in some type of residential facility and, of these clients, 52.8% (111) live in a mental retardation facility.
- 42.2% (89) of all clients in a residential program are 22-35 years of age and 25.5% (54) are under 18 years of age.
- 78.8% (323) of all clients are involved in one day program (and an additional 1.2% are involved in two day programs).
- 20.0% (82) of all clients are not involved in any day programs.
- 39.9% (131) of clients in day programs are participating in Ministry or Board of Education programs and 31.7% (104) are involved in sheltered workshops/occupational activity.
- 32.0% (105) of clients in day programs are 22-35 years of age while 35.4% (116) are under 18 years of age.

- 9.0% (37) of all clients are not involved in any support programs.
- 15.3% (63) of all clients are involved in only one support program.
- 72.2% (296) of all clients are involved in more than one support program.
- of the 87.6% (359) of all clients who reported support program involvement, on average, each uses 0.9 medical services, 0.5 home supports and 0.5 recreation/leisure services.
- 41.5% (149) of all clients in support programs are 22-35 years of age while 28.3% (102) are under 18 years of age.

Functional Level Variable:

- 33.9% (139) of all clients are considered to be profoundly/severely retarded and, of these clients:
  - 73.4% live in a mental retardation facility;
  - 44.6% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 1.6 medical services and 0.8 home support services, on average.
- 30.5% (125) of all clients are considered to be moderately retarded and, of these clients:
  - 68.0% live with their own family;
  - 42.4% are involved in a Ministry/Board of Education day program and 32.8% participate in a sheltered workshop; and,
  - each client utilizes 0.4 recreation/leisure services, on average.
- 27.1% (111) of all clients are considered to be mildly/borderline retarded and, of these clients:
  - 60.4% live with their own family or live independently;
  - 45.9% are involved in a sheltered workshop; and,
  - each client utilizes 0.6 recreation/leisure support programs, on average.
- only 7.1% (25) of all clients have an identified secondary developmental disability.
- 58.8% (241) of all clients do not have a mobility handicap.

° 41.0% (168) of all clients have a mobility handicap and, of these clients:

- 61.3% live in a mental retardation facility;
- 41.1% are involved in a Ministry/Board of Education day program; and,
- each client utilizes 1.5 medical services, on average.

° 65.4% (268) of all clients do not have a sensory handicap.

° 32.4% (133) of all clients do have a sensory handicap handcap and, of these clients:

- 48.1% live in a mental retardation facility and 39.1% live with their own family or live independently;
- 37.6% are involved in a Ministry/Board of Education day program; and,
- each client utilizes 1.2 medical services, on average.

° 42.7% (175) of all clients do not have a communicative handicap.

° 57.1% (234) of all clients do have a communicative handicap and, of these clients:

- 46.6% live in a mental retardation facility and 36.3% live with their own family;
- 40.6% are involved in a Ministry/Board of Education program; and,
- each client utilizes 1.3 medical services, on average.

° 42.7% (175) of all clients are considered to display acceptable (social) behaviour in the community.

° 57.1% (234) of all clients are considered to display some form of social behavioural problem and, of these clients:

- 47.4% live in a mental retardation facility;
- 42.7% are involved in a Ministry/Board of Education day program; and,
- each client utilizes 1.2 medical services, on average.

Appropriateness Variable:

° 51.5% (211) of all clients live in some type of residential facility and, of these clients:

- 64.5% are considered to be 'most appropriately' placed; and,
- 14.7% are considered to be 'most inappropriately/inappropriately' placed.

° 48.5% (199) of all clients live with their own family or live independently and, of these clients:

- 49.2% are considered to be 'most appropriately' sited; and,
- 4.0% are considered to be 'most inappropriately/inappropriately' sited.

° 80.0% (328) of all clients are currently involved in a day program and, of these clients:

- 61.6% are considered to be 'most appropriately' involved in such programming; and,
- 6.7% are considered to be 'most inappropriately/inappropriately' involved in such programming.

° 20.0% (82) of all clients are not currently involved in any day program and, of these clients:

- 20.7% have been classified as 'most appropriate' indicating that it is, in fact, appropriate that they not be involved in any day programming; and,
- 69.5% have been classified as 'most inappropriate/inappropriate' indicating that it is, in fact, appropriate that they should participate in some kind of day program.

° there are 404 reported instances of clients currently awaiting service by the various support programs in the community.

Recommended Program Variable:

° 56 clients more than are currently in group homes should be living in group homes.

° 30 clients more than are currently in serviced apartments/home co-ops should be living in such residences.

° 60 clients less than are currently living with their families should be living with their families.

° 20 clients less than are currently in a mental retardation facility should be living in such a facility.

- 36 clients more than are currently regularly employed should be employed.
- 43.6% (17) of the 'most inappropriately/inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 76.9% (30) of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing basic physical, emotional, social, and life skills development.
- 32 clients more than are currently regularly employed should be employed.
- 20 clients less than are currently involved in a sheltered workshop/occupational activity should be involved in such a workshop activity.
- 50.6% (40) of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.

- there are 404 reported instances of clients awaiting service by the various support programs in the community.

APPENDICIES

APPENDIX 1

OUTLINE OF SURVEY FORM CONTENT

FORM I - REGIONAL PROFILE

° Name or responding Agency and Program

° Location of Program

° A. Client Description

- agency-assigned case number
- first and last initials, birthdate, sex
- client's private, family or significant other home municipality

° B. Functioning

- developmental disabilities - primary and secondary
- mobility handicap
- sensory handicap (vision/hearing)
- communicative handicap
- social behavioural problems

° C. Residential Program or Situation

- current type, municipality
- needed type

Residential Movement (if applicable)

- admission date to current type of residence
- type of care admitted from

FORM II - CLIENT PROFILE

° PART I: . LOCATION OF PRINCIPALS

- municipality of client and family/significant other
- wardship, case manager, school tax support

° PART II: HEALTH STATUS

- health problems e.g. spasticity, allergies, diabetes, psychosis, etc.
- nursing/medical care
- seizure disorders
- medication
- physical handicaps
- other special health care needs

cont'd...1-2

° PART III: PHYSICAL/SENSORY STATUS

- mobility, fine motor skills, vision, hearing

° PART IV: ADAPTIVE FUNCTIONING

- expressive and receptive communication, hygiene

° PART V: ADAPTIVE SKILLS

- reading, printing, arithmetic
- life skills
- training skills
- social/recreation, behaviour, criminal involvement

° PART VI: FAMILY INVOLVEMENT

- involvement of family/significant other (if person living in a residence or on own) e.g. visiting, taking person home for a visit, program planning
- marital status, children

° PART VII: CURRENT AND RECOMMENDED SERVICES

- Current Residential Setting - name/type
- Appropriateness rating
- Recommended Residential Setting - type of location, municipality, type of living arrangement, sex of other residents, age of residents, type of monitoring, program and/or support staff hours per week, program emphasis, 'other important factors'
- Agreement of parent/guardian and of client with recommended placement

- Current Day Program Setting - name/type
- If not in a program, reason why
- Appropriateness rating
- Recommended Day Program Setting - type of program, type of location, municipality, milieu (type of setting), age of other persons, hours per week, transportation, 'other important factors'
- Agreement of parent/guardian and of client with recommended placement

- Support Services Currently Received - appropriateness of service, current frequency
- Recommended Support Services - recommended frequency

- Additional Important Items

APPENDIX 2

CONTRIBUTING AGENCIES*

THE COUNTY OF BRANT

- Brant County Board of Education
- Brant County District Health Unit
- Brantford & District Association for the Mentally Retarded
- Brantwood Residential Development Centre
- Lansdowne Children's Centre
- Ontario Ministry of Community and Social Services
- Participation House Brantford
- Six Nations Special Services for Special People
- YMCA/YWCA

THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

- Amity Goodwill Industries
- Board of Education for the City of Hamilton
- Canadian National Institute for the Blind
- Catholic Children's Aid Society of Hamilton-Wentworth
- Catholic Family Services of Hamilton-Wentworth
- Chedoke-McMaster Hospitals - Chedoke Child and Family Centre
- Chedoke-McMaster Hospitals - Chedoke Continuing Care
- Children's Aid Society of Hamilton-Wentworth
- Christian Horizons
- Family Services of Hamilton-Wentworth
- Hamilton-Wentworth Roman Catholic Separate School Board
- Hamilton and District Association for the Mentally Retarded
- Hamilton & District Council of Co-operative Preschools
- Hamilton Psychiatric Hospital
- L'Arche Hamilton
- North Wentworth Association for the Mentally Retarded
- Ontario Ministry of Community and Social Services
- Participation House
- Robert Mac Homes

cont'd.../2-2

- Rygiel Home
- St. Joseph's Villa
- Salvation Army
- YWCA

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* Contributing agencies listing represents organizations who completed and returned survey instruments.

APPENDIX 3

DESCRIPTION OF TYPES OF RESIDENTIAL, DAY AND SUPPORT PROGRAMS

CATEGORIES FOR RESIDENTIAL SETTINGS:

- Live with Own Family
- Independent Living (includes Boarding and Lodging and Lodging Homes)
- Mental Retardation Facility
- Serviced Apartment/Home Co-op (includes Residential Supported Lodging)
- Group Home (includes: Psychiatric Group Home
  : Total Communication Group Home
  : Correctional Halfway House)
- Special Support Home for Adults and children
- Nursing/Extended Care Home
- Foster Home/Family Support Home
- Residential Care in Homes for Special Care
- Home for the Aged
- Long Term Care
- Psychiatric Institution

CATEGORIES FOR DAY PROGRAMS:

- No Day Program Involvement
- Ministry/Board of Education Program (includes School for the Blind)
- Sheltered Workshop/Occupational Activity
- Developmental Life Skills
- Life Skills/Prevocational/Community Activity Program
- Day Care and Pre-School (age 2-6)
- Semi-Competitive/Semi-Sheltered Work Setting
- Regular Employment
- Recreation/Leisure Activities
- Volunteer Work
- Adult Education
- Psychiatric Day Program

CATEGORIES FOR SUPPORT PROGRAMS:

1. EDUCATION

   - Evening education
   - Sex education/sexuality course/sex counselling
   - Private education/tutoring
   - Education aide (in school)

2. VOCATIONAL SUPPORTS

   - Vocational support services
   - Vocational rehabilitation Services (VRS)/Vocational assessment

cont'd...3-2

3. MEDICAL SERVICES - FOR PHYSICAL HEALTH

- Physiotherapy and Occupational therapy
- Speech/Communication therapy
- Public health nursing
- Assessment/Diagnosis
- Orthopedics
- Pediatrician
- Optometrist/Opthalmologist
- Dental services
- Speech/Communication assessment
- Weight control program
- Physiotherapy/Occupational therapy assessment
- Support from hospital staff
- Medical consultation for physical disorder/Medical assessment
- Chiropractor
- Association for the Neurologically Disabled
- Chedoke Child and Family Centre

4. MENTAL HEALTH SUPPORTS

- Personal/Family counselling
- Psychological assessment
- Psychiatric day care
- Psychiatric follow-up

5. RECREATION/LEISURE ACTIVITIES

- Recreation and leisure
- Extend-a-Family
- Citizen Advocacy
- Leisure buddy/Buddy system/Big Brothers or Big Sisters
- Church activities
- Youth group

6. PERSONAL SUPERVISION

- Probation/Aftercare
- Personal supervision in daily activities
- Special one-to-one behavioural support within day program

7. HOME SUPPORTS

- Home help and support, home management, nurses and homemaker services
- Parent relief
- Family support, case management or Tri-Ministry Co-ordinator
- Infant stimulation and development
- Parent support groups
- Downs Syndrome group
- Special needs at home
- Special needs at home/Special service
- Special service worker
- Meals-on-Wheels
- Supported home program
- Children's Aid Society
- Parenting skills for M.R. parents
- Deaf/blind program, in-home
- Family support, case management and/or Tri-Ministry and A.P.S.W.

8. SUPPORTS FOR INDEPENDENT LIVING

- Adult protective services
- Life skills maintenance and support worker (long-term)
- Supported Independent Living (SIL)
- Subsidized housing
- Trustee

9. SKILLS TRAINING

- Behaviour training/management
- Stimulation in growth and development (ages 2 years and adults)
- Assertiveness training
- Social skills training
- Life skills training